## SPE RESPONSE FOR CERTIFICATE OF CORRECTION Paper No.: DATE TO SPE OF : ART UNIT\_-----: Request for Certificate of Correction for Appl. No. 7/4 SUBJECT Please respond to this request for a certificate of correction within 7 days. Please review the requested changes/corrections as shown in the COCIN document(s) in the IFW application image. No new matter should be introduced, nor should the scope or meaning of the claims be changed. Please complete the response (see below) and forward the completed response to scanning using document code COCX. 703-308-9390 ext. **Thank You For Your Assistance** The request for issuing the above-identified correction(s) is hereby: Note your decision on the appropriate box. Approved All changes apply. ☐ Approved in Part Specify below which changes do not apply. □ Denied State the reasons for denial below. Comments:

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PTOL-306 (REV. 7/03)

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